

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000076894

**Entity Name:** HINE'S FARM SERVICES, INC.

**FILED**  
**Nov 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

39707 COIT RD  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

39707 COIT RD.  
DADE CITY, FL 33523

**New Mailing Address:**

**FEI Number:** 59-3530745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARBER, AMY  
38743 OTIS ALLEN ROAD  
ZEPHYRHILLS, FL 33540 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AMY BARBER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HINES, KATHERINE L  
Address: 39707 COIT RD.  
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE HINES

P

11/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date